

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90261 042 \*\*\*143.75

60015159



02272008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000116305</b> 1. Entity Name <b>BERTEX FINANCIAL LLC</b>																																																					
Principal Place of Business <b>11420 FORTUNE CIRCLE SUITE I-17 WELLINGTON, FL 33414 US</b>			Mailing Address <b>11420 FORTUNE CIRCLE SUITE I-17 WELLINGTON, FL 33414 US</b>																																																		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		4. FEI Number <b>51-0670025</b> Applied For <input checked="" type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		6. Name and Address of Current Registered Agent  <b>DE SOULTRAIT, BERTRAND 11420 FORTUNE CIRCLE SUITE I-17 WELLINGTON, FL 33414</b>																																																			
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS																																																	
10. ADDITIONS/CHANGES		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 15%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DE SOULTRAIT, BERTRAND</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11420 FORTUNE CIRCLE, SUITE I-17</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WELLINGTON, FL 33414</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DE SOULTRAIT, BERTRAND		NAME			STREET ADDRESS	11420 FORTUNE CIRCLE, SUITE I-17		STREET ADDRESS			CITY - ST - ZIP	WELLINGTON, FL 33414		CITY - ST - ZIP																										
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																					
<b>SIGNATURE:</b>		Date <b>3/12/08</b> Daytime Phone # <b>561-795-4040</b>																																																			